protein better than any other foodstuff. For this reason Coleman supplies a large quantity of the energy of his diet in that form. Starches cannot be used in quantity because of their bulk and the consequent tax on the digestive organs. He prefes milk sugar because it is not very sweet and not so likely to disgust the taste as other sugars, and because it does not so readily produce digestive disturbances. The objections to its use are that in some patients it produces nausea and vomiting, but more often vomiting without nausea. When vomiting occurs, the milk sugar should be stopped. In a few cases milk sugar caused tympanites, but usually the patients could be gradually taught to take and assimilate large amounts. An ounce of milk sugar is equivalent to 120 calories. Milk sugar may be given in the milk; in coffee, tea, or coca, in lemonade, or in custard made with milk and egg. Coleman and Shaffer found that in order to maintain nitrogen equilibrium from 12 to 16 gm. of nitrogen are required in the diet. Approximately 11 gm. are contained in one and one-half quarts of milk and one pint of cream. Coleman supplies the deficiency in nitrogen with eggs. A two-ounce egg will supply 1+gm. nitrogen. The details of administering the diet may be modified to suit the individual case. Coleman gives as a working basis six ounces of milk with two ounces of cream every two hours. From one to four tablespoonfuls of milk sugar are added to the milk and cream mixture. The eggs may be given soft-boiled, poached, or raw in milk with or without whiskey.

Antidiphtheritic Serum and Antidiphtheritic Globulin Solutions.—PARK (*Jour. Amer. Med. Assoc.*, 1910, liv, 251) says that until recently the only means of giving diphtheria antitoxin was in the whole serum of the horse in which it had originated. Lately a practical method has been developed to eliminate a portion of the non-antitoxic serum substances while retaining the antitoxin. Park gives a brief description of two globulin preparations containing diphtheria antitoxin. He also points out the fact that the blood serum from different horses varies not only in antitoxic potency, but also in its liability to produce disagreeable after-effects. Thus, different lots of serum of the same manufacturer will vary in liability to produce rashes, and this, together with the idiosyncrasy of the patient, causes some physicians to approve and others to condemn the preparations of the same manufacturers. Park compares the effects of antidiphtheritic serum with those obtained by the globulin preparations. He believes that the globulin preparations contain all the important substances of the whole antidiphtheritic serum. He also states that the rashes and after-effects, in cases observed by him, were undoubtedly much less after the Gibson injections than after the whole serum, and somewhat less after the injections of the Banzhaf modification than after that of Gibson. Curiously enough, only certain types of rashes are eliminated. The urticarial reactions still frequently follow.

Tuberculin Treatment of Tuberculosis.—LÖWENSTEIN (*Therap. Monats.*, 1909, xi, 593) used Koch's "old" tuberculin in the treatment of 300 cases of open pulmonary tuberculosis at the Beelitz sanatorium. He commences with a dose of 0.0002 gm., being convinced that smaller doses are liable to induce anaphylaxis. In case of a strong general reaction with focal phenomena, he waits fourteen or eighteen days before resuming the treatment. After a milder reaction he waits seven to ten days. When the doses of tuberculin have reached 0.1 gm., the intervals between injections should be at least ten days. He does not reduce the dose after a reaction, but increases it more or less according to the intensity of the reaction. Löwenstein terminates the treatment when the patients can stand 0.5 gm. without reaction. In order to avoid a considerable general or local reaction, Koch's "bacillen emulsion" is given instead of the "old" tuberculin. Löwenstein advocates the use of tuberculin in every case in which the physician thinks improvement is possible. He says he has used tuberculin in 1000 cases, and has never observed a dangerous hemorrhage that could be ascribed to the influence of the tuberculin injections. He gives as contra-indications to the use of tuberculin, persistent headache, pointing to the localization of the infection in the central nervous system, nephritis, unless of tuberculous origin, diabetes, epilepsy, and pregnancy.

The Treatment of Gastroptosis.—VON NOORDEN (*Therapie d. Gegenwart*, 1910, i, 1) believes that the chief indication in the treatment of gastroptosis is to improve the nutrition of the patient. The falling of the stomach is not only a result of stomach atony, but is also due to the lack of support from thin and relaxed abdominal walls. The stomach must never be overloaded, and he advises small and frequent meals of high nutritive value. Solid and fluid food should not be taken at the same time. He advises as an important part of the treatment that the patient should lie down after the principal meals, with the body turned slightly toward the right side. Von Noorden thinks that strychnine physostigmine, and pilocarpine increase the tone of the atonic stomach. He has seen no benefit derived from wearing abdominal binders as regards the position of the stomach, which he determined by the Röntgen rays. However, a binder frequently adds to the general comfort of the patient and is of use especially in nervous patients.

The Treatment of Gastric Disease with Aluminum Silicate.—ROSENHEIM and EHRMANN (*Deutsch. med. Woch.*, 1910, iii, 111) report their observations regarding the action of aluminum silicate in gastric affections especially those dependent upon a stimulated secretion. They say that in all cases of hyperacidity or hypersecretion of neurotic origin, or associated with organic disease, aluminum silicate acts most favorably in reducing the acidity, quieting the pain, and aiding digestion. Aluminum silicate, as prepared by Kahlbaum under the name neutralon, is a fine, tasteless, and odorless powder insoluble in water. An ideal remedy, they say, should have the power to bind the excessive hydrochloric acid in a harmless combination, and also should have a protective and an astringent effect upon the mucous membrane. They claim that aluminum silicate has these advantages. When taken into the stomach it is broken up by the hydrochloric acid forming silicic acid and aluminum chloride. They state that aluminum chloride has a protective and astringent effect upon the gastric mucous membrane similar to that of silver nitrate and bismuth, without the disadvantage of a possible toxic action. Furthermore, silver nitrate at times causes diarrhœa, and bismuth is constipating. They gave aluminum silicate